

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **22-AUG-2009** TIME: **1030** HOURS

2. OPERATOR: **Pisces Energy LLC**
REPRESENTATIVE: **Richard Boutte**
TELEPHONE: **(504) 493-6003**
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
ON SITE AT TIME OF INCIDENT:

4. LEASE: **G04064**
AREA: **MU** LATITUDE:
BLOCK: **739** LONGITUDE:

5. PLATFORM: **A**
RIG NAME: *** COIL TUBING UNIT**

6. ACTIVITY: ☐ EXPLORATION (POE)
☒ DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. TYPE:

☐ HISTORIC INJURY
☒ REQUIRED EVACUATION **1**
☐ LTA (1-3 days)
☐ LTA (>3 days)
☐ RW/JT (1-3 days)
☐ RW/JT (>3 days)
☐ Other Injury

☐ FATALITY
☐ POLLUTION
☐ FIRE
☐ EXPLOSION

LWC ☐ HISTORIC BLOWOUT
☐ UNDERGROUND
☐ SURFACE
☐ DEVERTER
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

☐ STRUCTURAL DAMAGE
☒ CRANE
☐ OTHER LIFTING DEVICE
☐ DAMAGED/DISABLED SAFETY SYS.
☐ INCIDENT >\$25K
☐ H2S/15MIN./20PPM
☐ REQUIRED MUSTER
☐ SHUTDOWN FROM GAS RELEASE
☐ OTHER

6. OPERATION:

☐ PRODUCTION
☐ DRILLING
☒ WORKOVER
☐ COMPLETION
☐ HELICOPTER
☐ MOTOR VESSEL
☐ PIPELINE SEGMENT NO.
☐ OTHER

8. CAUSE:

☐ EQUIPMENT FAILURE
☒ HUMAN ERROR
☐ EXTERNAL DAMAGE
☐ SLIP/TRIP/FALL
☐ WEATHER RELATED
☐ LEAK
☐ UPSET H2O TREATING
☐ OVERBOARD DRILLING FLUID
☐ OTHER _____

9. WATER DEPTH: **123** FT.

10. DISTANCE FROM SHORE: **38** MI.

11. WIND DIRECTION:
SPEED: M.P.H.

12. CURRENT DIRECTION:
SPEED: M.P.H.

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

The platform crane was employed to back load coil tubing equipment to the Motor Vessel "Lezza Renee". While lowering a load to the boat, the load struck a previously placed load on the deck of the boat causing a handrail in the load basket to strike the Rigger on the head and shoulders. The Rigger was knocked to the deck and appeared dazed. The personnel that went to his assistance found no visual injury and the Injured Person (IP) was able to get to his feet, walk around and stated that he was not injured. The IP was wearing all required PPE at the time of the incident, including his hard hat. Immediate arrangements were made to fly the IP into the hospital at Palacios, Texas where he was thoroughly examined. No injury was found and no treatment was administered at that time. The IP, a contract employee, was then released by the attending physician without restriction, where he was taken home by his contractor employer for rest. A replacement worker was then sent out to the platform.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The Crane Operator was operating with limited visibility and no proper Signal Man.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

N/A

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Jackson District makes no recommendation to the Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110 == The Lessee did not perform operations in a safe and workman like manner.
I-101 == The Crane Operator did not utilize Stop Work authority to stop unsafe operations.

25. DATE OF ONSITE INVESTIGATION:

24-AUG-2009

NO

26. ONSITE TEAM MEMBERS:

Marco DeLeon / Ronald Cook /

29. ACCIDENT INVESTIGATION

PANEL FORMED:

30. DISTRICT SUPERVISOR:

OCS REPORT:

John McCarroll

APPROVED

DATE:

14-AUG-2009

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☒ INJURY

☒ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER _____

☐ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 25-JUL-2009

Manufacturer: NAUTLIUS/APPLIED HYDRAULICS

Manufacture date: 31-AUG-1995

Make/Model: NAUTILUS / 60B2A-60

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static: Dynamic:

Was a tag line utilized during the lift? Y

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

NA

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

NA

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? NA

Type of lift:

For crane only:

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees: 60 Radius: 30

What was load limit at that angle? 120000

Crane equipped with: B

Which line was in use at time of incident? L

If load line involved, what configuration is the load block: 4 part.

Load Information

What was being lifted? **TRACK STACK CTU**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

Stand for Coiled Tubing Injector head

Approximate weight of load being lifted: **15000**

Was crane/lifting device equipped with an operable weight indicator? **Y**

Was the load identified with the correct or approximate weight? **Y**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

From Deck of Platform to Deck of Motor Vessel

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training? **Y**

If yes, date of last training: **18-MAR-2008**

How many years of rigger experience did rigger have? **2**

How many hours was the operator on duty prior to the incident? **5**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident? **5**

How much sleep did rigger have in the 24 hours preceding this incident? **8**

Was rigger on medication when incident occurred? **N**

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N** Rigger: **N** Other:

While conducting the lift, was line of sight between operator and load maintained?

N

Does operator wear glasses or contact lenses? **N**

If so, were glasses or contacts in use at time of the incident? **N**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? **N**

What type of communication system was being utilized between operator and rigger at time of this incident?

Hand Signal

For crane only:

What crane training institution did crane operator attend?

ALFORD SAFETY SYSTEMS INC

Where was institution located? **HOUMA, LA**

Was operator qualified on this type of crane? **Y**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 0

Months: 1

List recent crane operator training dates.

EXPIRES 20-AUGUST-2011

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

Inspection/Maintenance Information

For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

H

Was pre-use inspeciton conducted? **Y**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **25-JUL-2009**

Who performed the last inspection? **BRUCE WITHERS AND BILLY BURLY**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **BRUCE WITHERS AND BILLY BURLY**

Does operators' policy require load or pull test prior to heavy lift? **Y**

Which type of test was conducted prior to heavy lift? **L**

Date of last pull test: **13-AUG-2009** Load test: **25-JUL-2009**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **55** Radius: **35**

What was the date of most recent crane maintenance performed? **13-AUG-2009**

Who performed crane maintenance? (Please clarify persons name or company name.)

ENERGY CRANE

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

Replace Counter Ball Valve

For other material-handling equipment only:

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

N

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

Y

Did operator have an operational or safety meeting prior to job being performed?

N

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **N**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **N**

Were procedures available to MMS upon request? **N**

Is it documented that operator's representative reviewed procedures before conducting lift?

N

Additional observations or concerns: